

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORMMail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) REVISED #3			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Rénovation E=Emer. Renovation) RENOVATION			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) VAMC BILOXI, V			
Bldg. Name: VA MEDICAL CENTER			
Address 400 VETERANS BLVD			
City: BILOXI	State: MS	Zip: 39531	
Site Location: BUILDING 1 & 2		Tel:	
Building Size 10,000+	# of Floors: 5	Age in Years: 19+	
Present Use: MEDICAL CENTER		Prior Use: MEDICAL CENTER	
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: VETERANS ADMINISTRATION			
Address: 400 VETERANS AVE.			
City: BILOXI	State: MS	Zip: 39531	
Contact:		Tel:	
REMOVAL CONTRACTOR ADS SERVICES INC.			
Address: 5451 N. 59TH ST.			
City: TAMPA	State: FL	Zip: 33610	
Contact: KENNETH RUDDOCK		Tel: 813-875-4600	
OTHER OPERATOR: N/A			
Address:			
City:	State:	Zip:	
Contact:			
V. IS ASBESTOS PRESENT? (Yes/No) YES			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): MICRO METHODS LABORATORY INC.			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Indicate Unit of Measurement Below	
RACM To Be Removed		Category I	Category II
		UNIT	
Pipes		Ln Ft:	Ln M:
Surface Area WHITE MASONRY PAIN	2	Sq Ft: 10,000	Sq M:
Vol RACM Off Facility Component		Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: phase1 7/31/2017		Complete: 8/31/2017	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		Complete:	

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:			
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:			
CONTAINMENT, WET REMOVAL, BAGGED, PPE, CERTIFICATIONS.			
XII. WASTE TRANSPORTER #1			
Name: WASTE MANAGEMENT OF MS INC.			
Address: 10242 CANAL ROAD			
City: GULFPORT	State: MS	Zip: 39503	
Contact Person: SKIP CARROLL	Tel: 228-547-6562		
WASTE TRANSPORTER #2			
Name:			
Address:			
City:	State:	Zip:	
Contact Person:	Tel:		
XIII. WASTE DISPOSAL SITE			
Name: PECAN GROVE LANDFILL			
Address: 9685 FIRETOWER ROAD			
City: PASS CHRISTIAN	State: MS	Zip: 39571	
Tel:			
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:			
Name:		Title:	
Authority:			
Date of Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY):	
XV. FOR EMERGENCY RENOVATIONS:			
Date and Hour of Emergency (MM/DD/YY):			
Description of the sudden unexpected event:			
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:			
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:			
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.			
KENNETH RUDDOCK		7/11/2017	
Type or Print Name	(Signature of Owner/Operator)	(Date)	
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.			
KENNETH RUDDOCK		7/11/2017	
Type or Print Name	(Signature of Owner/Operator)	(Date)	